## PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number** 

Effe December 8, 2004

0/533182

| CLAIMS AS FILED - PART I   |  |   |   |   |                  |                                   |   | SMALL ENTITY TYPE   |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|---|---|------------------|-----------------------------------|---|---------------------|------------------------|----|----------------------------|------------------------|
| _  |  |   | (Colum                                    | ın 1)                                       | ı——              | (Column 2)                        | 7 |                     | <del></del>            | 7  |                            | 1                      |
| U.S. NATIONAL STAGE FEES   |  |   |   |   |                  |                                   | 4 | RATE                | FEE                    | 4  | RATE                       | FEE                    |
| BASIC FEE  |  |   | SMALL ENT                                 | . = \$ 150                                  | LAR              | GE ENT. = \$ 300                  |   | BASIC FEE           | J                      | OR | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT A<br>(4) = \$50             | /\$ 100                                     |                  | ther situations = \$ 100 / \$ 200 |   | EXAM. FEE           |                        |    | EXAM. FEE                  | 20                     |
| SE   | ARCH FEE                                       |   | U.S. is ISA = \$ ALL other co \$ 200 / \$ | untries =                                   |                  | ther situations = \$ 250 / \$ 500 |   | SEARCH FEE          |                        |    | SEARCH FEE_                | 570                    |
| FEE  | FOR EXTRA                                      | SPEC. PGS.                                      | minus 100 =                               |   | / 50 =           |                                   |   | X \$ 125 =          |                        | ]: | X \$ 250 =                 |                        |
| τοτ  | TAL CHARGEA                                    | BLE CLAIMS                                      | ) 5 minus 20 =                            |   | *                | <u>-</u>                          |   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| IND  | EPENDENT CL                                    | AIMS  | 1 a m                                     | ninus 3 =                                   | *                |                                   |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| MUI  | TIPLE DEPEN                                    | DENT CLAIM PR                                   | ESENT                                     |   |                  |                                   |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |   |   |                  |                                   |   | TOTAL               |                        | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |   |   |                  |                                   |   | SMALL E             | ENTITY                 | OR | OTHER<br>SMALL E           | -                      |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |   | HIGHI<br>NUME<br>PREVIO<br>PAID I           | BER<br>USLY      | PRESENT<br>EXTRA                  |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                                     | **  |                  | =                                 |   | X \$ 25 =           |                        | OR | X \$ 50 =                  | • .                    |
|  | Independent                                    | *   | Minus                                     | ***   |                  | =                                 |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |   |                  |                                   |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|  |  |   |   |   |                  |                                   |   | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|  |  |   |   |   |                  |                                   |   |                     |                        |    |                            |                        |
| 8<br>E   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |   | (Colum<br>HIGHE<br>NUMB<br>PREVIO<br>PAID F | ST<br>ER<br>USLY | PRESENT EXTRA                     |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT B  | Total  | •   | Minus                                     | **  |                  | =                                 |   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| MEN  | Independent                                    | <b>*</b> .                                      | Minus                                     | ***   |                  | = -                               |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| ,  | FIRST PRES                                     | ENTATION OF M                                   | ULTIPLE DEPE                              | NDENT C                                     | LAIM             |                                   |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|  |  |   |   |   |                  |                                   |   | TOTAL ADDIT.<br>FEE |                        | OR | FEE                        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |   |                  |                                   |   |                     |                        |    |                            |                        |